



Primary Care Investment Models Results (by Private Payer) **DRAFT**

PRIMARY CARE WORKGROUP

JUNE 21, 2023

Agenda



- ▶ Modular Approach
- ▶ Narrow Place of Service Definition
- ▶ Breakdown by Private Payer
- ▶ Module 1: Behavioral Health Spending by Private Payer
- ▶ Module 2: OB-GYN Spending by Private Payer
- ▶ Appendix

Modular Approach



Code Set	Primary Care	Behavioral Health		OB-GYN
CPT Codes	Core Set of Primary Care Services	Basic Outpatient Behavioral Health (BH) Services		Broader set of OB-GYN Services including Prenatal Care and Deliveries
Taxonomy Codes	Core Set of Primary Care Provider Specialties	One of the following:		Core Set of Primary Care Provider Specialties
		PCP Specialty in Servicing Taxonomy	BH Specialty in Servicing Taxonomy & PCP Specialty in Billing Taxonomy	
Place of Service Codes	Each of the following applied separately to see variation: <ul style="list-style-type: none"> • All • Narrow (removes certain care settings including retail clinics and urgent cares) 			

Narrow Place of Service Definition



FREQUENCY OF PRIMARY CARE BY ALL PLACE OF SERVICE, 2021

Place of Service	Frequency %
Provider Office	82.1%
On Campus- Outpatient Hospital	6.0%
Urgent Care Facility	5.9%
Telehealth Provided Other than in Patient's Home	5.4%
Others	0.6%
Total	100.0%

Note

Urgent Care Facility is not included in the narrow place of service definition

Place of Service
Telehealth
Home less Shelter
Indian Health Service Facility
Tribal Facility
Prison/Correctional Facility
Office
Home (including Group)
Assisted Living Facility
Temporary Lodging
Off Campus- Outpatient Hospital
On Campus- Outpatient Hospital
Hospice
Clinic (includes Public & Rural)
Federally Qualified Health Center
Community Mental Health Center
Military Treatment Facility
Custodial Care Facility

Narrow Definition — Spending Breakdown by Private Payer



- ▶ Primary care core CPTs plus primary care core taxonomies
- ▶ Detailed list of primary care services and provider specialties in appendix

All Place of Service	Primary Care Spending as a Percent of Total Medical			Primary Care Per Member Per Month Medical Spending			Primary Care Per Member Per Year Medical Spending		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Aetna	5.5%	5.3%	5.6%	\$18.01	\$16.88	\$21.00	\$216	\$203	\$252
CareFirst	6.4%	5.9%	5.9%	\$23.87	\$21.54	\$23.75	\$286	\$258	\$285
CIGNA	7.4%	6.5%	7.1%	\$21.01	\$18.73	\$24.19	\$252	\$225	\$290
UHC	5.6%	5.4%	6.2%	\$17.75	\$17.29	\$23.10	\$213	\$207	\$277
Other	6.1%	5.4%	6.1%	\$15.53	\$14.59	\$28.43	\$186	\$175	\$341
Private Payers	6.3%	5.8%	6.1%	\$22.01	\$20.14	\$23.48	\$264	\$242	\$282

Narrow (Limited Place of Service)	2019	2020	2021	2019	2020	2021	2019	2020	2021
Aetna	5.5%	5.2%	5.5%	\$17.93	\$16.72	\$20.64	\$215	\$201	\$248
CareFirst	6.1%	5.5%	5.5%	\$22.85	\$20.27	\$21.98	\$274	\$243	\$264
CIGNA	6.6%	5.9%	6.4%	\$18.71	\$16.95	\$21.71	\$225	\$203	\$261
UHC	5.6%	5.1%	5.4%	\$17.70	\$16.47	\$20.14	\$212	\$198	\$242
Other	5.5%	5.0%	6.0%	\$14.11	\$13.50	\$28.23	\$169	\$162	\$339
Private Payers	6.1%	5.5%	5.6%	\$21.06	\$18.97	\$21.57	\$253	\$228	\$259

Narrow Definition – Behavioral Health Spending Drill Down



- ▶ Primary care core CPTs plus primary care core taxonomies *with a behavioral health diagnosis* (not included in Module 1)

All Place of Service	Primary Care Spending w/ a BH Diagnosis as a Percent of Total Medical			Primary Care Per Member Per Month Medical Spending w/ a BH Diagnosis			Primary Care Per Member Per Year Medical Spending w/ a BH Diagnosis		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Aetna	0.23%	0.27%	0.30%	\$0.75	\$0.88	\$1.11	\$9.02	\$10.54	\$13.36
CareFirst	0.26%	0.28%	0.30%	\$0.97	\$1.04	\$1.21	\$11.66	\$12.44	\$14.56
CIGNA	0.27%	0.30%	0.32%	\$0.77	\$0.87	\$1.08	\$9.21	\$10.46	\$12.91
UHC	0.22%	0.24%	0.26%	\$0.68	\$0.76	\$0.99	\$8.15	\$9.16	\$11.83
Other	0.26%	0.28%	0.24%	\$0.67	\$0.74	\$1.14	\$8.09	\$8.88	\$13.65
Private Payers	0.25%	0.28%	0.30%	\$0.88	\$0.96	\$1.15	\$10.56	\$11.53	\$13.85
Narrow (Limited Place of Service)									
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Aetna	0.23%	0.27%	0.29%	\$0.75	\$0.88	\$1.11	\$9.01	\$10.53	\$13.34
CareFirst	0.26%	0.28%	0.30%	\$0.97	\$1.03	\$1.21	\$11.61	\$12.37	\$14.49
CIGNA	0.27%	0.30%	0.31%	\$0.76	\$0.86	\$1.07	\$9.12	\$10.37	\$12.80
UHC	0.22%	0.24%	0.26%	\$0.68	\$0.76	\$0.98	\$8.14	\$9.15	\$11.78
Other	0.26%	0.28%	0.24%	\$0.66	\$0.74	\$1.14	\$7.97	\$8.88	\$13.65
Private Payers	0.25%	0.28%	0.30%	\$0.88	\$0.96	\$1.15	\$10.51	\$11.47	\$13.79

Module 1—Behavioral Health Spending by Private Payer



- ▶ Behavioral health CPTs plus behavioral health serving provider if associated billing provider is a core primary care practitioner as defined under narrow definition
- ▶ Payments reported in Modules 1 and 2 can be added to narrow definition as desired

All Place of Service	Primary Care Spending as a Percent of Total Medical			Primary Care Per Member Per Month Medical Spending			Primary Care Per Member Per Year Medical Spending		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Aetna	0.06%	0.07%	0.12%	\$0.20	\$0.22	\$0.45	\$2.41	\$2.67	\$5.40
CareFirst	0.10%	0.15%	0.11%	\$0.39	\$0.55	\$0.44	\$4.68	\$6.65	\$5.32
CIGNA	0.06%	0.08%	0.09%	\$0.16	\$0.22	\$0.30	\$1.91	\$2.66	\$3.56
UHC	0.05%	0.06%	0.09%	\$0.15	\$0.19	\$0.33	\$1.77	\$2.29	\$3.91
Other	0.07%	0.07%	0.09%	\$0.17	\$0.19	\$0.42	\$2.00	\$2.26	\$5.07
Private Payers	0.09%	0.12%	0.11%	\$0.31	\$0.43	\$0.41	\$3.67	\$5.16	\$4.91

Narrow (Limited Place of Service)	2019	2020	2021	2019	2020	2021	2019	2020	2021
Aetna	0.06%	0.07%	0.12%	\$0.19	\$0.22	\$0.44	\$2.32	\$2.60	\$5.28
CareFirst	0.10%	0.15%	0.11%	\$0.38	\$0.54	\$0.44	\$4.56	\$6.53	\$5.29
CIGNA	0.06%	0.07%	0.09%	\$0.16	\$0.20	\$0.29	\$1.87	\$2.39	\$3.47
UHC	0.05%	0.06%	0.09%	\$0.15	\$0.19	\$0.32	\$1.75	\$2.27	\$3.82
Other	0.07%	0.07%	0.09%	\$0.17	\$0.19	\$0.42	\$2.00	\$2.25	\$5.07
Private Payers	0.09%	0.12%	0.10%	\$0.30	\$0.42	\$0.40	\$3.58	\$5.04	\$4.85

Module 2 – OB-GYN Spending by Private Payer



- ▶ OB-GYN services (CPTs) with the core primary providers payments reported in Module 2 can be added to narrow definition as desired

All Place of Service	Primary Care Spending as a Percent of Total Medical			Primary Care Per Member Per Month Medical Spending			Primary Care Per Member Per Year Medical Spending		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Aetna	0.03%	0.02%	0.03%	\$0.09	\$0.08	\$0.13	\$1.03	\$0.95	\$1.53
CareFirst	0.02%	0.03%	0.03%	\$0.09	\$0.11	\$0.10	\$1.05	\$1.29	\$1.21
CIGNA	0.05%	0.04%	0.04%	\$0.14	\$0.12	\$0.13	\$1.66	\$1.43	\$1.53
UHC	0.03%	0.03%	0.04%	\$0.08	\$0.09	\$0.14	\$1.01	\$1.14	\$1.63
Other	0.12%	0.19%	0.05%	\$0.31	\$0.51	\$0.21	\$3.75	\$6.14	\$2.55
Private Payers	0.03%	0.03%	0.03%	\$0.09	\$0.11	\$0.11	\$1.13	\$1.27	\$1.34

Narrow (Limited Place of Service)	2019	2020	2021	2019	2020	2021	2019	2020	2021
Aetna	0.02%	0.02%	0.02%	\$0.06	\$0.05	\$0.07	\$0.75	\$0.63	\$0.89
CareFirst	0.01%	0.01%	0.02%	\$0.05	\$0.05	\$0.06	\$0.54	\$0.56	\$0.73
CIGNA	0.02%	0.02%	0.02%	\$0.06	\$0.05	\$0.08	\$0.68	\$0.57	\$0.94
UHC	0.02%	0.02%	0.02%	\$0.05	\$0.05	\$0.07	\$0.63	\$0.62	\$0.88
Other	0.05%	0.04%	0.02%	\$0.13	\$0.12	\$0.08	\$1.60	\$1.42	\$0.94
Private Payers	0.01%	0.01%	0.02%	\$0.05	\$0.05	\$0.07	\$0.60	\$0.58	\$0.79



Appendix

Core Set of Primary Care Services (CPTs)



Primary Care Core Services
Immunizations
Health Risk Assessment
Phone Calls (physician & Non-Physician)
Online Service By Hc Pro
Phys/QHP Education Materials for Pts In Group Setting
Visual Acuity Screen
Office/OutPt Visit (includes consultations)
Individual Physician Supervision Of Pt (W/OutPt) In Home, Domiciliary Or Rest Home Complex
Home Visit (New & Established)
Prolong Service W/O Contact
Standby Service
Team Conf W/ or W/O Pt By Healthcare Prof 30 Min W/ or W/O Physician
Home/Nursing Facility Visits
Supervision Hospice Patient/Month
Preventive Medical Services
Online Digital Evaluation And Management Service
Phys/Qhp Telephone Evaluations
Interprofessional Electronic Health Assessments
Remote Monitoring Physiologic Parameters

Primary Care Core Services
Self-Measured Blood Pressures
Assmt & Care Planning Pt W/Cognitive Impairment
Complex Care W/O Pt Vsit
Chronic Care Mgmt
Trans Care Mgmt
Advncd Care Plan
Admin of Vaccines (Influenza, Pneumococcal, Hepatitis B)
Phys Cert or Re-Cert Mcr-Covr Hom Hlth Srvc per Cert or Re-Cert Prd
Home/Nursing Facility Visits W/Out Pt Medicare Approved
Hospice Facility Visits Medicare Approved
Welcome to Medicare visit
Ppps, Visits
Hospital Outpt Clinic Visit
FQHC Visits
Comprehensive Asses Care Plan Chronic Care Mgmt Services
Prolong Preventative Services
Back To School Visits
Clinic Service All-Inclusive
Prostate Cancer Screening; Digital Rectal Examination

Core Set of Primary Care Provider Specialties



Primary Care Providers
Physician (family medicine, general internal medicine, pediatrics, general practice, geriatric medicine)
Nurse practitioner (adult health, family, pediatrics, primary care)
Physician's assistant, medical
Certified clinical nurse specialist
Nurse, non-practitioner
Family Medicine (Adolescent, Adult, Geriatric)
Internal Medicine - Adolescent Medicine
Pediatrics - Adolescent Medicine
Nurse Practitioner - (Community Health, Gerontology, School, General)
Clinical Nurse Specialist - (Adult Health, Community Health/Public Health, Chronic Health, Family Health, Gerontology, Pediatrics, School)

Primary Care Providers
Family Medicine - Hospice Palliative
Internal Medicine, Hospice and Palliative Medicine
Pediatrics, Hospice and Palliative Medicine

Note: Restrict to only home health and hospice procedure codes

Primary Care Providers
Federally Qualified Health Center
Primary Care Clinic
Rural Health Center
Clinic/Center Primary Care
Rural Hospital
Critical Access Hospital

Note: Restrict on revenue codes for clinic and professional services

Behavioral Health Services



Behavioral Health Services
Add-on code specific for psychiatric service
Psych Diagnostic Evaluation
Psych Diag Eval W/Med Services
Psychotherapy
Crisis Psychotherapy
Psychoanalysis
Family Psychotherapy (W/ or W/O Pt 50 Min)
Psychotherapy session with group of Pts' families
Group psychotherapy session
Provider prescribes/reviews meds after psychotherapy services
Provider administers narcotic drug to induce hypnotic state that helps diagnosis/Tx
Provider performs TMS to improve depression symptoms
Provider performs a subsequent redetermination of the minimum intensity of electrical pulses for Pt undergoing TMS
Provider applies an electric current to the Pt's brain for the purpose of producing a seizure or series of seizures to alleviate symptoms of mental disorder
Provider performs psychophysiological therapy using biofeedback training
Hypnotherapy
Provider works with outside agencies/employers/other providers regarding Pts physical environment to manage psychiatric Pt's medical care
Provider reviews medical records of the Pt pertaining to psychiatric evaluation to establish diagnosis/Tx plan
Provider explains the results of psychiatric/medical exams or other procedures about the Pt's care to the Pt's family/caregivers
Provider prepares report on Pt's mental state for other providers of care
Other psychiatric services or procedures

Behavioral Health Services
Developmental Screen W/Score
Neuropsychological Testing and Assessment
Standard cognitive performance testing
Brief Emotional/Behav Assmt
Psychological testing evaluation services by physician or other QHP
Psychological and Neuropsychological Testing Evaluation Services
Neuropsychological testing evaluation services by physician or other QHP
Psychological and Neuropsychological Testing Evaluation Service (including administration)
Health Behavior Assessment Or Re-Assessment
Health Behavior Interventions (Individual, Group, Family)
Behavior Identification Assessment, Administered By QHP
Adaptive Behavior Treatment By Protocol, Administered By Technician Under The Direction Of A Physician Or Other Qualified Health Care Professional, Face-To-Face With One Pt, Each 15 Min
Group Adaptive Behavior Treatment By Protocol, Administered By Technician Under The Direction Of A Physician Or Other Qualified Health Care Professional, Face-To-Face With Two Or More Pts, Each 15 Min
Adaptive Behavior Treatment With Protocol Modification, Administered By Physician Or Other Qualified Health Care Professional, Which May Include Simultaneous Direction Of Technician, Face-To-Face With One Pt, Each 15 Min
Family Adaptive Behavior Treatment Guidance, Administered By Physician Or Other Qualified Health Care Professional (With Or Without The Pt Present), Face-To-Face With Guardian(S)/Caregiver(S), Each 15 Min
Multiple-Family Group Adaptive Behavior Treatment Guidance, Administered By Physician Or Other QHC Professional (W/O Pt Present), Face-To-Face With Multiple Sets Of Guardians/Caregivers, Each 15 Min
Group Adaptive Behavior Treatment With Protocol Modification, Administered By Physician Or Other Qualified Health Care Professional, Face-To-Face With Multiple Pts, Each 15 Min
Therapeutic Activities (BH providers only)
Self-care/Home management training (BH providers only)
Medical Nutrition

Behavioral Health Services

(Continued)



Behavioral Health Services
Self-Mgmt Education & Training
Unlisted special service, procedure or report (BH provider only)
Behav Chng Smoking
Audit/Dast 15-30 Min
Alcohol/Substance Screen & Intervention >30 Min
Preventive Counseling Group
Care Mgmt Svc Bhvl Health Conditions 20 Min
Psyc Collab Care Mgmt
1St/Sbsq Psyc Collab Care
Tobacco Use Assessed
Smoking & 2Nd Hand Assessed
Current Tobacco Smoker Or 2Nd Hand Exposed
Tobacco Nonsmoker Not Exposed 2Nd Hand
Current Smokeless Tobacco User
Current Tobacco Non-User
Dschrng Med/Current Med OutPt Record
Pt Screened For Depression
Pt Screened For Unhlthy Alcohol Use
Suicide Risk Assessed
Neg Scrn Depression Symptoms By Dep Tool
No Sig Dep Symp By Dep Tool
Mild-Mod Dep Symp By Deptool

Behavioral Health Services
Clin Sig Dep Sym By Dep Tool
Tobacco Use Cessation Intervention (Counseling, Pharmacologic)
Pt Tobacco Screen And Cessation Intervention
Pt Screened For Injection Drug Use (Hiv) and High Risk Sexual Behavior (Hiv)
Pt Counseled Psychosocial/Pharmacologic (Opioid Addiction, Alcohol Dependence)
Annual Alcohol Screen 15 Min
Brief Alcohol Misuse Counsel
Depression Screen Annual 15 Min
Medicated Assisted Treatment
Coordinated care fee, risk adjusted low, maintenance, home monitoring, team conference, physician coordinated care)
Coordinated care fee, risk adjusted maintenance, levels 3, 4, 5 (BH provider only)
Other specified case management service (BH provider only)
Alcohol and/or drug assessment
Behavioral Health Screening To Admit To Treatment Program
Behavioral health counseling and therapy, 15 Min
Alcohol and/or drug services; crisis intervention (outPt)
Behavioral health outreach service (planned approach to reach a targeted population)
Mental Health Assess By Non-MD
Medication Training and Support
Alcohol and/or drug abuse services, NOS, brief interventions)
Alcohol/Drug Screening

Behavioral Health Provider Specialties



Behavioral Health Providers
Physician, general psychiatry
Physician, child and adolescent psychiatry
Nurse practitioner, psychiatric
Behavioral Health & Social Service Providers/Social Worker, Clinical
Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Geriatric Psychiatry, Hospice & Palliative Medicine
Ambulatory Health Care Facilities/Clinic/Center, Mental Health- CMHC
Counselor (Addiction-SUD, Mental Health, Pastoral, Professional (Counselor in FQHC), School)
Psychoanalyst
Psychologist (Addiction, Adult Development and Aging, Clinical, Cognitive and Behavioral, Counseling, Educational)

OB-GYN Services



OB-GYN Services
Remove Contraceptive Capsule
Implant Hormone Pellet(S)
Insert Drug Implant Device
Remove Drug Implant Device
Remove W/ Insert Drug Implant
I & D Of Vulva/Perineum
I & D Of Bartholin Gland Abscess
Destroy Vulva Lesions (Simple or Complex)
Biopsy Of Vulva/Perineum
Exam Of Vulva W/Scope
Obtaining pap smear
Destroy Vag Lesions Simple
Biopsy Of Vagina Mucosa (Simple or Complex)
Remove Vagina Lesion
Treat Vagina Infection
Fitting Of Diaphragm/Cap
Pelvic Examination Under Anesthesia

OB-GYN Services
Exam Of Vagina W/Scope
Exam/Biopsy Of Vag W/Scope
Exam Of Cervix W/Scope
Exam/Biopsy Of Cervix W/Scope
Biopsy Of Cervix W/Scope
Endocerv Curettage W/Scope
Endocervical Curettage
Biopsy Of Uterus Lining
Biopsy Done W/Colposcopy Add-On
Dilation And Curettage
Insert Intrauterine Device
Remove Intrauterine Device
Fetal Non-Stress Test
Insert Cervical Dilator
Episiotomy Or Vaginal Repair
Obstetrical Care
Veginal Delivery + Postpartum Care

OB-GYN Services

(Continued)



OB-GYN Services
External Cephalic
Delivery Of Placenta
Antepartum Care
Routine Ob Care
Cesarean Delivery Only + Postpartum Care
Routine Obstetric Care After Prevs C-Section
Vaginal Delivery Only After Prevs C-Section (includes Postpartum Care if necessary)
Routine Ob Care Post Vaginal Delivery After Prev C-Section
C-Section Only, After Attempted Vaginal Delivery After Prev C- Section (includes Postpartum Care if necessary)
Care Of Miscarriage 1St Trimester
Ob Us < 14 Wks (Single or Additional Fetus)
Ob Us >= 14 Wks (Single or Additional Fetus)
Ob Us Detailed (Single or Additional Fetus)
Ob Us Nuchal Measure (Single Gest or Add-On)
Ob Us Limited Fetus 1<
Ob Us Follow-Up Per Fetus
Transvaginal Us Obstetric

OB-GYN Services
Fetal Biophys Profile (W/ or W/O Non-Stress Testing)
Urinalysis Dip Stick/Tablet Reagnt (Auto or Non-Auto Microscopy)
Urine Pregnancy Test Visual Color Comparison
Delivery/Birthing Resuscitation
Home Visit For Newborn Care And Assessment
Initial Prenatal Care Visit
Prenatal Flow Sheet
Subsequent Prenatal Care
Postpartum Care Visit
Prenatal Care At Risk Assessm
Antepartum Management
Prenatal care, at-risk enhanced service package
Annual Gynecological Examinations
Annual Breast Exam
Insertion Of Levonorgestrel-Releasing Intrauterine Sys
Infant Safety (Including Cardiopulmonary Resuscitation Classes Nonphysician Provider, Per Session)
Cancer Screen; Pelvic/Breast Exam

Data Notes



- ▶ All spending was based on allowed amount
- ▶ The study population is restricted to:
 - Maryland residents only
 - Privately insured enrollees without age restrictions
 - Individual, small group, and large group, market segments (including fully-insured and self-insured non-ERISA employers)
- ▶ The study population excludes claims for:
 - Kaiser
 - Dental
 - Catastrophic products
 - Medicare
 - Medicaid
 - Self-insured ERISA plans
 - Federal Employee Health Benefit (FEHB) health plans



Thank You